

## IN THE SENATE

## SENATE BILL NO. 1158

## BY FINANCE COMMITTEE

## AN ACT

RELATING TO THE MEDICALLY INDIGENT; AMENDING SECTION 20-605, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 31-3302, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE; AMENDING SECTION 31-3501, IDAHO CODE, TO INCLUDE THE DEPARTMENT OF HEALTH AND WELFARE IN THE DECLARATION OF POLICY; AMENDING SECTION 31-3502, IDAHO CODE, TO REVISE DEFINITIONS AND TO DEFINE TERMS; AMENDING SECTION 31-3503, IDAHO CODE, TO REVISE THE POWERS AND DUTIES OF BOARDS OF COUNTY COMMISSIONERS AND TO REMOVE OBSOLETE PROVISIONS; AMENDING SECTION 31-3503A, IDAHO CODE, TO REVISE POWERS AND DUTIES OF THE ADMINISTRATOR, TO REMOVE OBSOLETE PROVISIONS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING CHAPTER 35, TITLE 31, IDAHO CODE, BY THE ADDITION OF NEW SECTIONS 31-3503C, 31-3503D, 31-3503E AND 31-3503F, IDAHO CODE, TO PROVIDE POWERS AND DUTIES OF THE DEPARTMENT, TO PROVIDE FOR COUNTY PARTICIPATION AND CONTRIBUTION, TO PROVIDE FOR MEDICAID ELIGIBILITY DETERMINATION AND TO PROVIDE FOR A MEDICAL HOME; AMENDING SECTION 31-3504, IDAHO CODE, TO PROVIDE AN EXCEPTION TO AN APPLICATION PURSUANT TO THE SECTION, TO REMOVE A PROVISION REGARDING A UNIFORM FORM AGREED TO BY CERTAIN PARTIES, TO PROVIDE THAT AN APPLICATION SHALL BE DEEMED AS CERTAIN CONSENT, TO PROVIDE A TIME FOR THE CLERK'S TRANSMISSION OF A COPY OF THE APPLICATION TO THE DEPARTMENT, TO CLARIFY LANGUAGE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505, IDAHO CODE, TO PROVIDE A TIME FOR FILING AN APPLICATION IF A CERTAIN REQUEST HAS BEEN DENIED BY THE DEPARTMENT; AMENDING SECTION 31-3505B, IDAHO CODE, TO REVISE THE LIMITATION ON COUNTY PAYMENT FOR A MEDICALLY INDIGENT RESIDENT; AMENDING SECTION 31-3507, IDAHO CODE, TO PROVIDE FOR A HOSPITAL'S NOTIFICATION TO THE DEPARTMENT FOLLOWING AN INITIAL REVIEW DETERMINATION, TO PROVIDE FOR TRANSFER OF A MEDICALLY INDIGENT PERSON BY THE DEPARTMENT UNDER CERTAIN CIRCUMSTANCES AND TO PROVIDE FOR DEPARTMENT NONLIABILITY UNDER CERTAIN CIRCUMSTANCES; AMENDING SECTION 31-3508, IDAHO CODE, TO REVISE THE RATE THE COUNTY MUST PAY FOR NECESSARY MEDICAL SERVICES OF A MEDICALLY INDIGENT PERSON AND TO REMOVE A CODE REFERENCE; AMENDING SECTION 31-3509, IDAHO CODE, TO REVISE TO WHOM A PROVIDER MUST SUBMIT ITS BILL, TO PROVIDE THE PURPOSE FOR SUBMISSION OF A BILL, TO REVISE TO WHOM CERTAIN PAYMENTS ARE TO BE PAID, TO PROVIDE FOR THE DISTRIBUTION OF PAYMENTS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3510, IDAHO CODE, TO PERMIT THE DEPARTMENT

TO PURSUE CERTAIN SUBROGATION INTERESTS; AMENDING SECTION 31-3511, IDAHO CODE, TO PROVIDE CERTAIN VIOLATIONS AND PENALTIES IF A CERTAIN PERSON GIVES OR OMITS GIVING CERTAIN INFORMATION TO THE DEPARTMENT OR FAILS TO COOPERATE WITH THE DEPARTMENT AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3517, IDAHO CODE, TO PROVIDE FOR A LIMITATION TO COUNTY RESPONSIBILITY UNDER THE CATASTROPHIC HEALTH CARE COST PROGRAM, TO REVISE THE COMPOSITION OF AND APPOINTMENT TO THE CATASTROPHIC HEALTH CARE COST PROGRAM BOARD, TO REMOVE CERTAIN CONTRACT AUTHORITY OF THE ADMINISTRATOR, TO REMOVE CERTAIN RULEMAKING AUTHORITY AND TO REVISE CERTAIN AUDIT RESPONSIBILITY; AMENDING SECTION 31-3518, IDAHO CODE, TO PROVIDE CERTAIN ADMINISTRATIVE RULEMAKING AUTHORITY; AMENDING SECTION 31-3519, IDAHO CODE, TO PROVIDE FOR SUBMISSION OF CERTAIN CLAIMS TO THE DEPARTMENT FOLLOWING A FINAL DETERMINATION BY THE COUNTY, TO PROVIDE FOR A DEPARTMENT CLAIM PROCESSING PROCEDURE AND FOR TIMELINES, TO REMOVE CERTAIN CLERK RESPONSIBILITIES AND TIMELINES AND TO REVISE THE AMOUNT A COUNTY IS OBLIGATED TO PAY; AMENDING SECTION 31-3553, IDAHO CODE, TO CORRECT A CODE REFERENCE; AMENDING SECTION 67-7903, IDAHO CODE, TO CORRECT A CODE REFERENCE; AND TO PROVIDE LEGISLATIVE INTENT.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 20-605, Idaho Code, be, and the same is hereby amended to read as follows:

20-605. COSTS OF CONFINEMENT. The county wherein any court has entered an order pursuant to section 20-604, Idaho Code, shall pay all direct and indirect costs of the detention or confinement of the person to the governmental unit or agency owning or operating the jail or confinement facilities in which the person was confined or detained. The amount of such direct and indirect costs shall be determined on a per day per person basis by agreement between the county wherein the court entered the order and the county or governmental unit or agency owning or operating such jail or confinement facilities. In the absence of such agreement or order fixing the cost as provided in section 20-606, Idaho Code, the charge for each person confined or detained shall be the sum of thirty-five dollars (\$35.00) per day, plus the cost of any medical or dental services paid at the unadjusted medicaid rate of reimbursement as provided in section 31-3502(~~421~~), Idaho Code, unless a rate of reimbursement is otherwise established by contract or agreement; provided, however, that the county may determine whether the detained or confined person is eligible for any local, state, federal or private program that covers dental, medical and/or burial expenses. That person will be required to apply for those benefits, and any such benefits obtained may be applied to the detained or confined person's incurred expenses, and in the event of the death of such detained or confined person, the county wherein the court entered the order shall pay all actual burial costs. Release from an order pursuant to section 20-604, Idaho Code, for the purpose of a person receiving medical treatment shall not relieve the county of its obligation of paying the medical care expenses imposed in this section. In case a person confined or detained was

1 initially arrested by a city police officer for violation of the motor vehicle laws of this state or  
 2 for violation of a city ordinance, the cost of such confinement or detention shall be a charge  
 3 against such city by the county wherein the order of confinement was entered. All payments  
 4 under this section shall be acted upon for each calendar month by the second Monday of the  
 5 month following the date of billing.

6 SECTION 2. That Section 31-3302, Idaho Code, be, and the same is hereby amended to  
 7 read as follows:

8 31-3302. COUNTY CHARGES ENUMERATED. The following are county charges:

9 (1) Charges incurred against the county by virtue of any provision of this title.

10 (2) The compensation allowed by law to constables and sheriffs for executing process  
 11 on persons charged with criminal offenses; for services and expenses in conveying criminals to  
 12 jail; for the service of subpoenas issued by or at the request of the prosecuting attorneys, and  
 13 for other services in relation to criminal proceedings.

14 (3) The expenses necessarily incurred in the support of persons charged with or  
 15 convicted of crime and committed therefor to the county jail. Provided that any medical  
 16 expenses shall be paid at the unadjusted medicaid rate of reimbursement as provided in section  
 17 31-3502(421), Idaho Code, unless a rate of reimbursement is otherwise established by contract  
 18 or agreement.

19 (4) The compensation allowed by law to county officers in criminal proceedings, when  
 20 not otherwise collectible.

21 (5) The sum required by law to be paid to grand jurors and indigent witnesses in criminal  
 22 cases.

23 (6) The accounts of the coroner of the county, for such services as are not provided to be  
 24 paid otherwise.

25 (7) The necessary expenses incurred in the support of county hospitals, and the indigent  
 26 sick and nonmedical assistance for indigents, whose support is chargeable to the county.

27 (8) The contingent expenses, necessarily incurred for the use and benefit of the county.

28 (9) Every other sum directed by law to be raised for any county purpose, under the  
 29 direction of the board of county commissioners, or declared to be a county charge.

30 SECTION 3. That Section 31-3501, Idaho Code, be, and the same is hereby amended to  
 31 read as follows:

32 31-3501. DECLARATION OF POLICY. It is the policy of this state that each person, to  
 33 the maximum extent possible, is responsible for his or her own medical care and to that end,  
 34 shall be encouraged to purchase his or her own medical insurance with coverage sufficient  
 35 to prevent them from needing to request assistance pursuant to this chapter. However, in  
 36 order to safeguard the public health, safety and welfare, and to provide suitable facilities and  
 37 provisions for the care and hospitalization of persons in this state, and, in the case of medically  
 38 indigent persons, to provide for the payment thereof, the respective counties of this state, ~~and~~  
 39 the administrator and the department shall have the duties and powers as hereinafter provided.

40 SECTION 4. That Section 31-3502, Idaho Code, be, and the same is hereby amended to  
 41 read as follows:

31-3502. DEFINITIONS. As used in this chapter, the terms defined in this section shall have the following meaning, unless the context clearly indicates another meaning:

(1) ~~"Medically indigent" means any person who is in need of necessary medical services and who, if an adult, together with his or her spouse, or whose parents or guardian if a minor, does not have income and other resources available to him from whatever source sufficient to pay for necessary medical services. Nothing in this definition shall prevent the board of county commissioners and administrator from requiring the applicant and obligated persons to reimburse the county and the catastrophic health care costs program, where appropriate, for all or a portion of their medical expenses, when investigation of their application pursuant to this chapter, determines their ability to do so.~~

(2) ~~"Hospital" means a facility licensed and regulated pursuant to sections 39-1301 through 39-1314, Idaho Code, excluding state institutions.~~

(3) ~~"Dependent" means any person whom a taxpayer could claim as a dependent under the income tax laws of the state of Idaho.~~

(4) ~~"Applicant" means any person who is or may be requesting financial assistance under this chapter.~~

(5) ~~"Reimbursement rates" means the unadjusted medicaid rate of reimbursement for medical charges allowed pursuant to title XIX of the social security act, as amended. For long term care facilities, maximum "reimbursement rates" means the unadjusted medicaid rate of reimbursement allowed pursuant to the medical assistance program as determined by chapter 1, title 56, Idaho Code, or the unadjusted medicare rate of reimbursement established under title XVIII of the social security act, as amended, whichever is greater.~~

(6) ~~"Board" means the board of county commissioners.~~

(7) ~~"Obligated persons" means those persons who are legally responsible for an applicant.~~

(8) ~~"County hospital" means any county approved institution or facility for the care of sick persons.~~

(9) ~~"Administrator" means the board of the catastrophic health care cost program, as provided in section 31-3517, Idaho Code.~~

(10) ~~"Catastrophic health care costs" means all necessary medical expenses for services which are incurred by a recipient for which the reimbursement rate exceeds in aggregate the sum of ten thousand dollars (\$10,000) in any twelve (12) consecutive month period.~~

(11) ~~"Recipient" means an individual determined eligible for necessary medical services under this chapter.~~

(12) ~~"Resident" means a person with a home, house, place of abode, place of habitation, dwelling or place where he or she actually lived for a consecutive period of thirty (30) days or more within the state of Idaho. A resident does not include a person who comes into this state for temporary purposes, including, but not limited to, education, vacation, or seasonal labor. Entry into active military duty shall not change a person's residence for the purposes of this chapter. Those physically present within the following facilities and institutions shall be residents of the county where they were residents prior to entering the facility or institution:~~

(a) ~~Correctional facilities;~~

(b) ~~Nursing homes or residential or assisted living facilities;~~

(c) ~~Other medical facility or institution.~~

~~(13) "Emergency service" means a service provided for a medical condition in which sudden, serious and unexpected symptoms of illness or injury are sufficiently severe to necessitate or call for immediate medical care.~~

~~(14) "Provider" means any person, firm, or corporation certified or licensed by the state of Idaho or holding an equivalent license or certification in another state, that provides necessary medical services as it appears on an application for assistance pursuant to this chapter.~~

~~(15) "Third party applicant" means a person other than an obligated person who completes, signs and files an application on behalf of a patient.~~

~~(16) "Clerk" means the clerk of the board or his or her designee.~~

~~(17) "Resources" means all property, whether tangible or intangible, real or personal, liquid or nonliquid, including, but not limited to, all forms of public assistance, crime victim's compensation, worker's compensation, veterans benefits, medicaid, medicare and any other property from any source for which an applicant and/or an obligated person may be eligible or in which he or she may have an interest. Resources shall include the ability of an applicant and obligated persons to pay for necessary medical services over a period of up to five (5) years. For purposes of determining approval for medical indigency only, resources shall not include the value of the homestead on the applicant or obligated persons' residence, a burial plot, exemptions for personal property allowed in section 11 605(1) through (3), Idaho Code, and additional exemptions allowed by county resolution.~~

~~(18) A. "Necessary medical services" means a requested or provided medical service required in order to identify or treat a medically indigent person's health condition, illness or injury and is:~~

~~(a) Consistent with the symptoms, diagnosis or treatment of the medical indigent's condition, illness or injury;~~

~~(b) In accordance with generally accepted standards of medical or surgical practice then prevailing in the community where the services were provided;~~

~~(c) Furnished on an outpatient basis whenever it is safe, efficient and reasonable to do so;~~

~~(d) Not provided primarily for the convenience of the medically indigent person or the provider;~~

~~(e) The standard, most economical service or item that can safely, reasonably and ethically be provided.~~

~~B. Necessary medical services shall not include the following:~~

~~(a) Bone marrow transplants;~~

~~(b) Organ transplants;~~

~~(c) Elective, cosmetic and/or experimental procedures;~~

~~(d) Services related to, or provided by, residential and/or shelter care facilities;~~

~~(e) Normal, uncomplicated pregnancies, excluding caesarean section, and childbirth well baby care;~~

~~(f) Medicare copayments and deductibles;~~

~~(g) Services provided by, or available to an applicant from state, federal and local health programs; and~~

~~(h) Medicaid copayments and deductibles.~~

~~Provided however, each board may determine, by ordinance or resolution duly adopted in its county, to include as necessary medical services additional services not covered in~~

~~this section. Necessary medical services provided by this option shall not be paid by the catastrophic health care costs program, and shall remain the liability of the respective county.~~

(1) "Administrator" means the board of the catastrophic health care cost program, as provided in section 31-3517, Idaho Code.

(2) "Applicant" means any person who is requesting financial assistance under this chapter.

(3) "Application" means an application for financial assistance pursuant to section 31-3504, Idaho Code.

(4) "Board" means the board of county commissioners.

(5) "Case management" means coordination of services to help meet a patient's health care needs, usually when the patient has a condition that requires multiple services.

(6) "Catastrophic health care costs" means the cost of medically necessary drugs, devices and services received by a recipient that, when paid at the then existing reimbursement rate, in aggregate exceed the sum of eleven thousand dollars (\$11,000) in any twelve (12) consecutive month period.

(7) "Clerk" means the clerk of the board or his or her designee.

(8) "County hospital" means any county approved institution or facility for the care of sick persons.

(9) "Department" means the department of health and welfare or its contractor.

(10) "Dependent" means any person whom a taxpayer could claim as a dependent under the income tax laws of the state of Idaho.

(11) "Emergency service" means a service provided for a medical condition in which sudden, serious and unexpected symptoms of illness or injury are sufficiently severe to necessitate or call for immediate medical care, including, but not limited to, severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent person who possesses an average knowledge of health and medicine, to result in:

(a) Placing the patient's health in serious jeopardy;

(b) Serious impairment to bodily functions; or

(c) Serious dysfunction of any bodily organ or part.

(12) "Hospital" means a facility licensed and regulated pursuant to sections 39-1301 through 39-1314, Idaho Code, excluding state institutions.

(13) "Medicaid eligibility review" means the process used by the department to determine whether a person meets the criteria for medicaid coverage.

(14) "Medical home" means a model of primary and preventive care delivery in which the patient has a continuous relationship with a personal physician in a physician directed medical practice that is whole person oriented and where care is integrated and coordinated.

(15) "Medically indigent" means any person who is in need of necessary medical services and who, if an adult, together with his or her spouse, or whose parents or guardian if a minor, does not have income and other resources available to him from whatever source sufficient to pay for necessary medical services. Nothing in this definition shall prevent the board of county commissioners and administrator from requiring the applicant and obligated persons to reimburse the county and the catastrophic health care costs program, where appropriate, for all or a portion of their medical expenses, when investigation of their application pursuant to this chapter, determines their ability to do so.

(16) A. "Necessary medical services" means health care services and supplies that:

(a) Health care providers, exercising prudent clinical judgment, would provide to a person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms;

(b) Are in accordance with generally accepted standards of medical practice;

(c) Are clinically appropriate, in terms of type, frequency, extent, site and duration and are considered effective for the covered person's illness, injury or disease;

(d) Are not provided primarily for the convenience of the person, physician or other health care provider; and

(e) Are not more costly than an alternative service or sequence of services or supply, and at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the person's illness, injury or disease.

B. Necessary medical services shall not include the following:

(a) Bone marrow transplants;

(b) Organ transplants;

(c) Elective, cosmetic and/or experimental procedures;

(d) Services related to, or provided by, residential, skilled nursing, assisted living and/or shelter care facilities;

(e) Normal, uncomplicated pregnancies, excluding caesarean section, and childbirth well-baby care;

(f) Medicare copayments and deductibles;

(g) Services provided by, or available to, an applicant from state, federal and local health programs; and

(h) Medicaid copayments and deductibles.

(17) "Obligated person" means the person or persons who are legally responsible for an applicant.

(18) "Primary and preventive health care" means the provision of professional health services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems and the overall management of an individual's health care services.

(19) "Provider" means any person, firm, or corporation certified or licensed by the state of Idaho or holding an equivalent license or certification in another state, that provides necessary medical services to a patient requesting a medically indigent status determination or filing an application for financial assistance.

(20) "Recipient" means an individual determined eligible for necessary medical services under this chapter.

(21) "Reimbursement rate" means the unadjusted medicaid rate of reimbursement for medical charges allowed pursuant to title XIX of the social security act, as amended.

(22) "Resident" means a person with a home, house, place of abode, place of habitation, dwelling or place where he or she actually lived for a consecutive period of thirty (30) days or more within the state of Idaho. A resident does not include a person who comes into this state for temporary purposes, including, but not limited to, education, vacation, or seasonal labor. Entry into active military duty shall not change a person's residence for the purposes of this chapter. Those physically present within the following facilities and institutions shall be residents of the county where they were residents prior to entering the facility or institution:

(a) Correctional facilities;

(b) Nursing homes or residential or assisted living facilities;

1 (c) Other medical facility or institution.

2 (23) "Resources" means all property, whether tangible or intangible, real or personal,  
 3 liquid or nonliquid, including, but not limited to, all forms of public assistance, crime victims  
 4 compensation, worker's compensation, veterans benefits, medicaid, medicare and any other  
 5 property from any source for which an applicant and/or an obligated person may be eligible or  
 6 in which he or she may have an interest. Resources shall include the ability of an applicant and  
 7 obligated persons to pay for necessary medical services, excluding any interest charges, over  
 8 a period of up to five (5) years. For purposes of determining approval for medical indigency  
 9 only, resources shall not include the value of the homestead on the applicant or obligated  
 10 person's residence, a burial plot, exemptions for personal property allowed in section 11-605(1)  
 11 through (3), Idaho Code, and additional exemptions allowed by county resolution.

12 (24) "Third party applicant" means a person other than an obligated person who  
 13 completes, signs and files an application on behalf of a patient. A third party applicant who  
 14 files an application on behalf of a patient pursuant to section 31-3504, Idaho Code, shall, if  
 15 possible, deliver a copy of the application to the patient within three (3) business days after  
 16 filing the application.

17 (25) "Utilization management" means the evaluation of medical necessity, appropriateness  
 18 and efficiency of the use of health care services, procedures and facilities and may include,  
 19 but is not limited to, preadmission certification, the application of practice guidelines, continued  
 20 stay review, discharge planning, case management, preauthorization of ambulatory procedures,  
 21 retrospective review and claims review.

22 SECTION 5. That Section 31-3503, Idaho Code, be, and the same is hereby amended to  
 23 read as follows:

24 31-3503. POWERS AND DUTIES OF BOARDS OF COUNTY  
 25 COMMISSIONERS. The boards of county commissioners in their respective  
 26 counties shall, under such limitations and restrictions as are prescribed by law:

27 (1) Care for and maintain the medically indigent residents of their counties as provided  
 28 in this chapter up to ~~ten~~ eleven thousand dollars (\$~~101,000~~) per claim in the aggregate over a  
 29 consecutive twelve (12) month period with the remainder being paid by the state catastrophic  
 30 health care cost program pursuant to section 31-3519, Idaho Code.

31 (2) Have the right to contract with providers, transfer patients, negotiate provider  
 32 agreements, and all other powers incident to the county's duties created by this chapter.

33 (3) ~~From July 1, 1997, through June 30, 1998, pay for emergency services for a~~  
 34 ~~nonresident to the point of stabilization as set forth in section 31-3507, Idaho Code, and when~~  
 35 ~~necessary, for costs of transfer to the nonresident's place of residence, up to five thousand~~  
 36 ~~dollars (\$5,000) per claim in the aggregate over a twelve (12) month period with the remainder~~  
 37 ~~being paid by the state catastrophic health care cost program pursuant to section 31-3519,~~  
 38 ~~Idaho Code, unless such nonresident is from a state which has a reciprocal agreement pursuant~~  
 39 ~~to section 31-3503B, Idaho Code, and qualifies for necessary medical services under that~~  
 40 ~~agreement~~ Cooperate with the department and contractors retained by the department to provide  
 41 services including, but not limited to, medicaid eligibility review and utilization management  
 42 on behalf of the counties and the administrator.

43 (4) Have the jurisdiction and power to provide county hospitals and public general  
 44 hospitals for the county and others who are sick, injured, maimed, aged and infirm and to erect,  
 45 enlarge, purchase, lease, or otherwise acquire, and to officer, maintain and improve hospitals,



hospital grounds, nurses' homes, shelter care facilities and residential or assisted living facilities as defined in section 39-3301, Idaho Code, superintendent's quarters, medical clinics, as that term is defined in section 39-1319, Idaho Code, medical clinic grounds or any other necessary buildings, and to equip the same, and to replace equipment, and for this purpose said boards may levy an additional tax of not to exceed six hundredths percent (.06%) of the market value for assessment purposes on all taxable property within the county. The term "public general hospitals" as used in this subsection shall be construed to include nursing homes.

SECTION 6. That Section 31-3503A, Idaho Code, be, and the same is hereby amended to read as follows:

31-3503A. POWERS AND DUTIES OF ADMINISTRATOR. The administrator shall, under such limitations and restrictions as are prescribed by law:

(1) Pay for necessary medical services for a resident medically indigent person where the reimbursement rate for the claim exceeds in aggregate the sum of ~~ten~~ eleven thousand dollars (\$~~10~~1,000) during a consecutive twelve (12) month period;

(2) ~~From July 1, 1997, through June 30, 1998, pay for emergency services of a nonresident to the point of stabilization as set forth in section 31-3507, Idaho Code, and, when necessary, for costs of transfer to the nonresident's place of residence, where the reimbursement rate for the claim exceeds in the aggregate during a twelve (12) month period, the sum of five thousand dollars (\$5,000), unless such nonresident is from a state which has a reciprocal agreement pursuant to section 31-3503B, Idaho Code, and qualifies for necessary medical services under that agreement~~ Cooperate with the department and contractors retained by the department to provide services including, but not limited to, eligibility review and utilization management on behalf of the counties and the administrator;

(3) Require, as the administrator deems necessary, annual reports from each county and each hospital and provider including, but not limited to, the following:

(a) From each county and for each applicant:

- (i) ~~e~~Case number and the date services began;
- (ii) ~~a~~Age;
- (iii) ~~r~~Residence;
- (iv) ~~s~~Sex;
- (v) ~~d~~Diagnosis;
- (vi) ~~i~~Income;
- (vii) ~~f~~Family size;
- (viii) ~~a~~Amount of costs incurred including provider, legal and administrative charges;
- (ix) ~~a~~Approval or denial; and
- (x) ~~r~~Reasons for denial.

(b) From each hospital:

- (i) 990 tax forms or comparable information;
- (ii) ~~e~~Cost of charges where charitable care was provided; and
- (iii) ~~a~~Aministrative and legal costs incurred in processing claims under this chapter.

SECTION 7. That Chapter 35, Title 31, Idaho Code, be, and the same is hereby amended by the addition thereto of NEW SECTIONS, to be known and designated as Sections 31-3503C, 31-3503D, 31-3503E and 31-3503F, Idaho Code, and to read as follows:

31-3503C. POWERS AND DUTIES OF THE DEPARTMENT. The department shall:

(1) Design and manage a utilization management program and third party recovery system for the medically indigent program.

(2) Have the authority to engage one (1) or more contractors or third party administrators to perform the duties assigned to it pursuant to this chapter including, but not limited to, utilization management and third party recovery for the medically indigent program.

(3) Implement a medicaid eligibility determination process for all potential applicants.

(4) Develop and implement by July 1, 2010, in cooperation with the Idaho association of counties and the Idaho hospital association, a uniform form to be used for both the initial review, pursuant to section 31-3503E, Idaho Code, and the application for financial assistance pursuant to section 31-3504, Idaho Code.

(5) Cooperate with the counties and the administrator in providing the services required of it pursuant to this chapter.

(6) Promulgate rules to implement its duties and responsibilities under the provisions of this chapter.

31-3503D. COUNTY PARTICIPATION AND CONTRIBUTION. Every county shall fully participate in the utilization management program and third party recovery system and shall contribute to the medicaid eligibility review, utilization management program and third party recovery costs incurred by the department pursuant to section 31-3503E, Idaho Code. The contribution of each county shall be calculated by the department as defined in rule.

31-3503E. MEDICAID ELIGIBILITY DETERMINATION. The department shall:

(1) Require the hospital to undertake an initial review of a patient upon stabilization to determine whether the patient may be eligible for medicaid or may be medically indigent. If the hospital's initial review determines that the patient may be eligible for medicaid or may be medically indigent, require that the hospital transmit the initial review and a written request for medicaid eligibility determination to the department within one (1) working day of the completion of the initial review.

(2) Undertake a determination of possible medicaid eligibility upon receipt from the hospital of the initial review and written request for medicaid eligibility determination. The department will use the medicaid eligibility guidelines in place as of the date of submission of the written request, apply categorical and financial eligibility requirements and use all sources available to the department to obtain verification in making the determination.

(3) In order to ascertain medicaid eligibility, require the patient or the obligated person to cooperate with the department according to its rules in investigating, providing documentation, submitting to an interview and notifying the department of the receipt of resources after the initial review form has been submitted to the department.

(4) Promptly notify the hospital and clerk of potential medicaid eligibility and the basis of possible eligibility.

(5) Act on the initial review form as an application for medicaid if it appears that the patient may be eligible. An application for medicaid shall not be an application for financial assistance pursuant to section 31-3504, Idaho Code.

(6) Utilize the verification and cooperation requirement in department rule to complete the eligibility determination.

(7) Notify the patient or the obligated person, the hospital and the clerk of a denial and the reason therefor if the applicant fails to cooperate, fails to provide documentation necessary to complete the determination or is determined to be categorically or financially ineligible for medicaid. If, based on its medicaid eligibility review, the department determines that the patient is not eligible for medicaid but may be medically indigent, transmit a copy of the initial review to the clerk. The transmitted copy of the initial review shall be treated by the clerk as an application for financial assistance pursuant to section 31-3504, Idaho Code. Denial of medicaid eligibility is not a determination of medical indigence.

(8) Make income and resource information obtained from the medicaid eligibility determination process available to the county to assist in determination of medical indigency at the time the department notifies the county of the final medicaid eligibility determination.

31-3503F. MEDICAL HOME. The department shall create by rule a community-based system in which a medically indigent patient may be referred to a medical home upon discharge from hospital. The medical home shall provide ongoing primary and preventive care and case management with periodic reports to the department regarding the medically indigent patient's health status and participation in the patient's treatment plan. Appropriate reimbursement to the medical home provider for patient primary and preventive care services employing utilization management and case management shall be coordinated by the department.

SECTION 8. That Section 31-3504, Idaho Code, be, and the same is hereby amended to read as follows:

31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) Except as provided for in section 31-3503E, Idaho Code, an applicant requesting assistance under this chapter shall complete a written application on a uniform form agreed to by the Idaho association of counties and the Idaho hospital association. The truth of the matters contained in the application shall be sworn to by the applicant. The application shall be deemed consent for the hospital, department, counties and administrator to exchange information pertaining to the applicant's health and finances for the purposes of determining medicaid eligibility or medical indigency. The application shall be signed by the applicant or on the applicant's behalf and filed in the clerk's office. Within one (1) business day of the filing of the application in the clerk's office, the clerk shall transmit a copy of the application to the department.

(2) If a third party application is filed, the application shall be as complete as ~~practical~~ practicable and presented in the same form and manner as set forth ~~above~~ in subsection (1) of this section.

(3) Follow-up necessary medical services based on a treatment plan, for the same condition, preapproved by the board, may be provided for a maximum of six (6) months from the date of the original application without requiring an additional application; however, a request for additional treatment not specified in the approved treatment plan shall be filed with the clerk ten (10) days prior to receiving services. Beyond the six (6) months, requests for additional treatment related to an original diagnosis in accordance with a preapproved treatment plan shall be filed ten (10) days prior to receiving services and an updated application may be requested by the board.

(4) Upon application for financial assistance pursuant to this chapter an automatic lien shall attach to all real and personal property of the applicant and on insurance benefits to which the applicant may become entitled. The lien shall also attach to any additional resources to which it may legally attach not covered ~~above~~ in this section. The lien created by this section may be, in the discretion of the board, perfected as to real property and fixtures by recording, in any county recorder's office in this state in which the applicant and obligated ~~party~~ person own property, a notice of application for medical indigency benefits on a uniform form agreed to by the Idaho association of counties and the Idaho hospital association, which form shall be recorded as provided herein within thirty (30) days from receipt of an application, and such lien, if so recorded, shall have a priority date as of the date the necessary medical services were provided. The lien created by this section may also be, in the discretion of the board, perfected as to personal property by filing with the secretary of state within thirty (30) days of receipt of an application, a notice of application in substantially the same manner as a filing under chapter 9, title 28, Idaho Code, except that such notice need not be signed and no fee shall be required, and, if so filed, such lien shall have the priority date as of the date the necessary medical services were provided. An application for assistance pursuant to this chapter shall waive any confidentiality granted by state law to the extent necessary to carry out the intent of this section.

SECTION 9. That Section 31-3505, Idaho Code, be, and the same is hereby amended to read as follows:

31-3505. TIME AND MANNER OF FILING APPLICATIONS AND REQUESTS. Applications and requests for necessary medical services shall be filed with the clerk according to the following time limits. Filing is complete upon receipt by the clerk.

(1) An application for nonemergency necessary medical services shall be filed ten (10) days prior to receiving services from the provider.

(2) An application for emergency necessary medical services shall be made any time within thirty-one (31) days beginning with the first day of the provision of necessary medical services from the provider or in the case of hospitalization, thirty-one (31) days beginning with the date of admission, or if a request for medicaid eligibility determination has been denied by the department pursuant to section 31-3503E, Idaho Code, within thirty-one (31) days of receiving notice of the denial.

(3) Requests for additional treatment related to an original diagnosis in accordance with a preapproved treatment plan shall be filed ten (10) days prior to receiving services.

(4) A delayed application for necessary medical services may be filed up to one hundred eighty (180) days beginning with the first day of the provision of necessary medical services provided that:

(a) Written documentation is included with the application or no later than forty-five (45) days after an application has been filed showing that a bona fide application or claim has been filed for social security disability insurance, supplemental security income, third party insurance, medicaid, medicare, crime victim's compensation, and/or worker's compensation. A bona fide application means that:

(i) The application was timely filed within the appropriate agency's application or claim time period; and

(ii) Given the circumstances of the patient and/or obligated persons, the patient and/or obligated persons, and given the information available at the time the

application or claim for other resources is filed, would reasonably be expected to meet the eligibility criteria for such resources; and

(iii) The application was filed with the appropriate agency in such a time and manner that, if approved, it would provide for payment coverage of the bills included in the county application; and

(iv) In the discretion of the board, bills on a delayed application which would not have been covered by a successful application or timely claim to the other resource(s) may be denied by the board as untimely; and

(v) In the event an application is filed for supplemental security income, an Idaho medicaid application must also have been filed within the department of health and welfare's application or claim time period to provide payment coverage of eligible bills included in the county application.

(b) Failure by the patient and/or obligated persons to complete the application process described in this section, up to and including any reasonable appeal of any denial of benefits, with the applicable program noted in paragraph (a) of this subsection, shall result in denial of the county assistance application.

(5) Any application or request which fails to meet the provisions of this section, and/or other provisions of this chapter, shall be denied.

(6) In the event that a county determines that a different county is the obligated county, an application may be filed in the other county within thirty (30) days of the date of the initial county denial.

SECTION 10. That Section 31-3505B, Idaho Code, be, and the same is hereby amended to read as follows:

31-3505B. APPROVAL. The board shall approve an application for assistance if it determines that necessary medical services have been or will be provided to a medically indigent person in accordance with this chapter; provided, the amount paid by the county for any medically indigent resident shall not exceed in aggregate the sum of ~~ten~~ eleven thousand dollars (\$~~10~~11,000) per applicant for any consecutive twelve (12) month period.

SECTION 11. That Section 31-3507, Idaho Code, be, and the same is hereby amended to read as follows:

31-3507. NOTICE OF ADMISSION AND TRANSFER OF A MEDICALLY INDIGENT PATIENT. (1) A hospital shall notify the department and the clerk of the county or counties responsible within one (1) working day of identifying a ~~the department and the clerk of the county or counties responsible within one (1) working day of identifying a~~ its initial review determination pursuant to section 31-3503E, Idaho Code, that the patient as is potentially medically indigent. ~~as is potentially medically indigent.~~ The notice ~~of admission~~ shall include the following if available:

- (a) Name, address, telephone number, date of birth, social security number and date of admission of the patient;
- (b) Name, address and telephone number of responsible party;
- (c) Name of attending physician;
- (d) Diagnosis and/or reason for admission;
- (e) Name, address and telephone number of the person completing the notice of admission.

(2) ~~A~~ The department, a county or administrator shall have the right to have an approved medically indigent person transferred to a hospital or facility, in accordance with requirements of the federal emergency medical treatment and active labor act, 42 U.S.C., section 1395d.d.; provided however, treatment for the necessary medical service must be available at the designated facility, and the department and the county contract physician, or the attending physician if no county contract physician is available, must certify that the transfer of such person would not present a significant risk of further injury. The department, the county, the administrator, and hospital from which or to which a person is taken or removed as herein provided, as well as the attending physician(s), shall not be liable in any manner whatsoever and shall be immune from suit for any causes of action arising from a transfer performed in accordance with this section. The immunities and freedom from liability granted pursuant to this section shall extend to any person, firm or corporation acting in accordance with this section.

SECTION 12. That Section 31-3508, Idaho Code, be, and the same is hereby amended to read as follows:

31-3508. AMOUNT OF AID FOR NECESSARY MEDICAL SERVICES. The county responsible for payment of necessary medical services of a medically indigent person shall pay an amount not to exceed the ~~reimbursement rates to the provider rendering such services~~ amount recommended by the utilization management program and the current medicaid rate. The bill submitted for payment ~~pursuant to section 31-3519, Idaho Code,~~ shall show the total provider charges less any amounts which have been received under any other federal or state law. Bills of less than twenty-five dollars (\$25.00) shall not be presented for payment.

SECTION 13. That Section 31-3509, Idaho Code, be, and the same is hereby amended to read as follows:

31-3509. COLLECTIONS BY PROVIDERS. Providers making claims for necessary medical services of medically indigent persons shall make all reasonable efforts to determine liability for the account so incurred from any available insurance or other sources available for payment of such expenses prior to submitting the bill to the ~~county department~~ for payment review. In the event that a provider has been notified that an individual qualifies for approval of benefits, such provider(s) shall submit a bill to third party insurance, medicaid, medicare, crime victims compensation and/or worker's compensation for payment within thirty (30) days of such notice. In the event any payments are thereafter received for charges which have been paid by a county and/or the administrator pursuant to the provisions of this chapter, said sums up to the amount actually paid by the county and/or the administrator shall be paid over to ~~such county and/or administrator~~ the department within sixty (60) days of receiving such payment from other resources. The department shall distribute the payment to the county and/or administrator pursuant to section 31-3510A, Idaho Code.

SECTION 14. That Section 31-3510, Idaho Code, be, and the same is hereby amended to read as follows:

31-3510. RIGHT OF SUBROGATION. Upon payment of a claim for necessary medical services pursuant to this chapter, the county and the catastrophic health care costs

1 program making such payment shall become subrogated to all the rights of the hospital and  
 2 other providers and to all rights of the medically indigent person against any third parties who  
 3 may be the cause of or liable for such necessary medical services. The department may pursue  
 4 collection of the county's and the administrator's subrogation interests.

5 SECTION 15. That Section 31-3511, Idaho Code, be, and the same is hereby amended to  
 6 read as follows:

7 31-3511. VIOLATIONS AND PENALTIES. (1) Any applicant or obligated person who  
 8 ~~willfully~~ willfully gives false or misleading information to the department, a hospital, a county  
 9 or an agent thereof, or to any individual in order to obtain necessary medical services as or  
 10 for a medically indigent person, or any person who obtains necessary medical services as a  
 11 medically indigent person who fails to disclose insurance, worker's compensation, resources,  
 12 or other benefits available to him as payment or reimbursement of such expenses incurred,  
 13 shall be guilty of a misdemeanor and punishable under the general provisions for punishment  
 14 of a misdemeanor. In addition, any applicant who fails to cooperate with the department or a  
 15 county or makes a material misstatement or material omission to the department in a request for  
 16 medicaid eligibility determination, pursuant to section 31-3503E, Idaho Code, or a county in an  
 17 application pursuant to this chapter shall be ineligible for nonemergency assistance under this  
 18 chapter for a period of two (2) years.

19 (2) The board shall not have jurisdiction to hear and shall not approve an application  
 20 for necessary medical services unless an application in the form prescribed by this chapter is  
 21 received by the clerk in accordance with the provisions of this chapter.

22 (3) The board may deny an application if material information required in the application  
 23 or request is not provided by the applicant or a third party or if the applicant has divested  
 24 himself or herself of resources within one (1) year prior to filing an application in order to  
 25 become eligible for assistance pursuant to this chapter. An applicant who is sanctioned by  
 26 federal or state authorities and loses medical benefits as a result of failing to cooperate with  
 27 the respective agency or making a material misstatement or material omission to the respective  
 28 agency shall be ineligible for assistance pursuant to this chapter for the period of such sanction.

29 (4) If the board fails to act upon an application within the ~~time lines~~ timelines required  
 30 under this chapter, the application shall be deemed approved and payment made as provided in  
 31 this chapter.

32 (5) An applicant may appeal a decision rendered by the board pursuant to this section in  
 33 the manner provided in section 31-1506, Idaho Code.

34 SECTION 16. That Section 31-3517, Idaho Code, be, and the same is hereby amended to  
 35 read as follows:

36 31-3517. ESTABLISHMENT OF A CATASTROPHIC HEALTH CARE COST  
 37 PROGRAM. (1) The governing board of the catastrophic health care cost program created by  
 38 the counties pursuant to a joint exercise of powers agreement, dated October 1, 1984, and  
 39 serving on June 30, 1991, is hereby continued as such through December 31, 1992, to complete  
 40 the affairs of the board, to continue to pay for those medical costs incurred by participating  
 41 counties prior to October 1, 1991, until all costs are paid or the moneys in the catastrophic  
 42 health care cost account contributed by participating counties are exhausted, and to pay the  
 43 balance of such contributions back to the county of origin in the proportion contributed.

County responsibility shall be limited to the first ~~ten~~ eleven thousand dollars (\$~~10~~11,000) per claim. The remainder of the eligible costs of the claim shall be paid by the state catastrophic health care cost program.

(2) Commencing October 1, 1991, a catastrophic health care cost program board is hereby established, and the board shall be the administrator of the catastrophic health care cost program. This board shall consist of ~~seven~~ twelve (~~7~~12) members, with six (6) county commissioners, one (1) from each of the six (6) districts or regions established by the Idaho association of counties, four (4) members of the legislature, with one (1) each being appointed by the president pro tempore of the senate, the leader of the minority party of the senate, the speaker of the house of representatives and the leader of the minority party of the house of representatives, one (1) member appointed by the director of the department of health and welfare, and one (1) member appointed by the governor.

(a) The county commissioner members shall be elected by the boards of county commissioners of the member counties of each district or region, with each board of county commissioners entitled to one (1) vote. The process and procedures for conducting the election and determining the members shall be determined by the board itself, except that the election must be conducted, completed and results certified by December 31 of each year in which an election for members is conducted. The board recognized in subsection (1) of this section shall authorize and conduct the election in 1991.

(b) The term of office of a member shall be two (2) years, commencing on January 1 next following election or appointment, except that for commissioner members elected in 1991, the commissioner members from districts or regions 1, 3 and 5 shall serve for a term of one (1) year, and the commissioner members from districts or regions 2, 4 and 6 shall serve for a term of two (2) years. Members may be reelected or reappointed. Election or appointment to fill vacancies shall be for the balance of the unexpired term.

(c) The members appointed by the governor shall be compensated reimbursed as provided in section 59-509(b), Idaho Code, from the catastrophic health care cost account.

(d) At the first meeting of the board in January of each year, the board shall organize by electing a chair, a vice-chair, and such other officers as desired.

~~(3) The administrator is authorized to contract with a health insurance company, group health services organization or other provider of third party payment for health services authorized to do business in this state, or to establish a self insurance fund in order to implement a catastrophic health care costs program.~~

~~The contract shall provide that the health insurance company, group health service organization or other third party payer, shall, for consideration, which shall be set by the administrator, assume the risk of providing for recipients under the catastrophic health care cost provisions of this chapter.~~

~~The administrator shall develop rules for a catastrophic health care cost program after consulting with the counties, organizations representing the counties, health care providers, and organizations representing health care providers.~~

The ~~administrator~~ legislative council shall cause a full and complete audit of the financial statements of the program as required in section 67-~~450B~~702, Idaho Code.

(4) The administrator shall submit a request to the governor and the legislature in accordance with the provisions of chapter 35, title 67, Idaho Code, for an appropriation for the maintenance and operation of the catastrophic health care program.



SECTION 17. That Section 31-3518, Idaho Code, be, and the same is hereby amended to read as follows:

31-3518. ADMINISTRATIVE RESPONSIBILITY. (1) The administrator shall, in order to facilitate payment to providers participating in the county medically indigent program and the catastrophic health care cost program, have on file the reimbursement rates allowed for all participating providers of medical care. However, in no event shall the amount to be paid exceed the usual, reasonable, and customary charges for the area.

(2) The administrator may contract with an independent contractor to provide services to manage and operate the program, or the administrator may employ staff to manage and operate the program.

(3) The administrator shall develop rules for a catastrophic health care cost program after consulting with the counties, organizations representing the counties, health care providers and organizations representing health care providers.

(4) The administrator shall submit all proposed rules to the legislative council for review prior to adoption, in a manner substantially the same as proposed executive agency rules are reviewed under chapter 52, title 67, Idaho Code. Following adoption, the administrator shall submit all adopted rules to the legislature for review in a manner substantially the same as adopted executive agency rules are reviewed under chapter 52, title 67, Idaho Code. The legislature, by concurrent resolution, may modify, amend, or repeal any rule of the administrator.

SECTION 18. That Section 31-3519, Idaho Code, be, and the same is hereby amended to read as follows:

31-3519. PAYMENT FOR SERVICES. Each board of county commissioners shall make payments to providers for covered services provided to the medically indigent as follows:

(1) Upon receipt of a final determination by the county approving an application for necessary medical services, an applicant, a provider, or the third party on behalf of the applicant, shall, within sixty (60) days, submit the claim to the department for its utilization management review pursuant to section 31-3503C, Idaho Code. The department shall forward the reviewed claim to the responsible county. The forwarded claim shall be a county claim in accordance with the procedures provided in pursuant to chapter 15, title 31, Idaho Code. ~~The clerk shall calculate, or cause to be calculated, the medical provider reimbursement rate.~~

(2) Payment shall be made to providers on behalf of an applicant and shall be made on the next payment cycle ~~after all necessary forms are presented by the claimant to the county and the clerk has determined the medical provider reimbursement rate.~~ In no event shall payment be delayed longer than sixty (60) days from receipt of the ~~county claim or provider bill~~ department's reviewed claim.

(3) Payment to a provider pursuant to this chapter shall be payment of the debt in full and the provider shall not seek additional funds from the applicant.

(4) In no event shall a county be obligated to pay, pursuant to this chapter, an amount which exceeds the ~~reimbursement rate for the entire medical bill as calculated above~~ reviewed claim as determined by the department.

(5) ~~The clerk~~ The department shall forward ~~appropriate~~ appropriate claims exceeding eleven thousand dollars (\$11,000) per recipient in a consecutive twelve (12) month period to the catastrophic

1 health care costs program ~~within fourteen (14) days after determining an applicant's eligibility~~  
 2 ~~for that program and shall include a statement of which costs the clerk has or intends to pay.~~

3 (6) The catastrophic health care cost program shall, within forty-five (45) days after  
 4 approval by the administrator, submit the claim to the state controller for payment.

5 SECTION 19. That Section 31-3553, Idaho Code, be, and the same is hereby amended to  
 6 read as follows:

7 31-3553. ADVISORY DECISIONS OF PANEL. The general responsibility of the  
 8 advisory panel will be to consider the eligibility of applicants on claims referred to them and  
 9 render written opinions regarding such eligibility of applicants as based upon review of analysis  
 10 of the resources available to the applicant, as defined in section 31-3502(47), Idaho Code.  
 11 Following proceedings on each claim, the advisory panel shall provide the affected parties  
 12 with its comments and observations with respect to the claim. They shall indicate in such  
 13 comments whether the applicant appears to have resources available to him or her sufficient  
 14 to pay for necessary medical services; does not have adequate resources; or any comments  
 15 or observations which may be relevant and appropriate. The findings of the advisory panel  
 16 may be used by affected parties in resolving contested claims in a manner consistent with the  
 17 findings presented. However, such findings will be advisory in nature only and not binding on  
 18 any of the affected parties.

19 SECTION 20. That Section 67-7903, Idaho Code, be, and the same is hereby amended to  
 20 read as follows:

21 67-7903. VERIFICATION OF LAWFUL PRESENCE – EXCEPTIONS –  
 22 REPORTING. (1) Except as otherwise provided in subsection (3) of this section or where  
 23 exempted by federal law, each agency or political subdivision of this state shall verify the  
 24 lawful presence in the United States of each natural person eighteen (18) years of age or older  
 25 who applies for state or local public benefits or for federal public benefits for the applicant.

26 (2) This section shall be enforced without regard to race, religion, gender, ethnicity or  
 27 national origin.

28 (3) Verification of lawful presence in the United States shall not be required:

29 (a) For any purpose for which lawful presence in the United States is not required by  
 30 law, ordinance or rule;

31 (b) For obtaining health care items and services that are necessary for the treatment of  
 32 an emergency medical condition of the person involved and are not related to an organ  
 33 transplant procedure;

34 (c) For short-term, noncash, in-kind emergency disaster relief;

35 (d) For public health assistance for immunizations with respect to immunizable diseases  
 36 and testing and treatment of symptoms of communicable diseases whether or not such  
 37 symptoms are caused by a communicable disease;

38 (e) For programs, services or assistance, such as soup kitchens, crisis counseling and  
 39 intervention and short-term shelter specified by federal law or regulation that:

40 (i) Deliver in-kind services at the community level, including services through  
 41 public or private nonprofit agencies;

(ii) Do not condition the provision of assistance, the amount of assistance provided or the cost of assistance provided on the individual recipient's income or resources; and

(iii) Are necessary for the protection of life or public safety;

(f) For prenatal care;

(g) For postnatal care not to exceed twelve (12) months; or

(h) For food assistance for a dependent child under eighteen (18) years of age.

Notwithstanding the provisions of this subsection (3), for the county indigent program, the limitations contained in section 31-3502(186)B., Idaho Code, shall apply.

(4) An agency or a political subdivision shall verify the lawful presence in the United States of each applicant eighteen (18) years of age or older for federal public benefits or state or local public benefits by:

(a) Employing electronic means to verify an applicant is legally present in the United States; or

(b) Requiring the applicant to provide:

(i) An Idaho driver's license or an Idaho identification card issued pursuant to section 49-2444, Idaho Code; or

(ii) A valid driver's license or similar document issued for the purpose of identification by another state or territory of the United States, if such license or document contains a photograph of the individual or such other personal identifying information relating to the individual that the director of the department of health and welfare or, with regard to unemployment compensation benefits, the director of the department of labor finds, by rule, sufficient for purposes of this section; or

(iii) A United States military card or a military dependent's identification card; or

(iv) A United States coast guard merchant mariner card; or

(v) A native American tribal document; or

(vi) A valid United States passport; and

(c) Requiring the applicant to provide a valid social security number that has been assigned to the applicant; and

(d) Requiring the applicant to attest, under penalty of perjury and on a form designated or established by the agency or the political subdivision, that:

(i) The applicant is a United States citizen or legal permanent resident; or

(ii) The applicant is otherwise lawfully present in the United States pursuant to federal law.

(5) Notwithstanding the requirements of subsection (4)(b) of this section, the agency or political subdivision may establish by appropriate legal procedure such rules or regulations to ensure that certain individuals lawfully present in the United States receive authorized benefits including, but not limited to, homeless state citizens.

(6) For an applicant who has attested pursuant to subsection (4)(d) of this section stating that the applicant is an alien lawfully present in the United States, verification of lawful presence for federal public benefits or state or local public benefits shall be made through the federal systematic alien verification of entitlement program, which may be referred to as the "SAVE" program, operated by the United States department of homeland security or a successor program designated by the United States department of homeland security. Until

1 such verification of lawful presence is made, the attestation may be presumed to be proof of  
2 lawful presence for purposes of this section.

3 (a) Errors and significant delays by the SAVE program shall be reported to the United  
4 States department of homeland security to ensure that the application of the SAVE  
5 program is not wrongfully denying benefits to legal residents of this state.

6 (b) Agencies or political subdivisions may adopt variations of the requirements of  
7 subsection (4)(d) of this section to improve efficiency or reduce delay in the verification  
8 process or to provide for adjudication of unique individual circumstances in which the  
9 verification procedures in this section would impose unusual hardship on a legal resident  
10 of this state; except that the variations shall be no less stringent than the requirements of  
11 subsection (4)(d) of this section.

12 (c) A person who knowingly makes a false, fictitious or fraudulent statement or  
13 representation in an attestation executed pursuant to subsection (4)(d) or (6)(b) of this  
14 section shall be guilty of a misdemeanor.

15 (7) An agency or political subdivision may accept as prima facie evidence of an  
16 applicant's lawful presence in the United States the information required in subsection (4) of  
17 this section, as may be modified by subsection (5) of this section, when issuing a professional  
18 license or a commercial license.

19 SECTION 21. LEGISLATIVE INTENT. It is the intent of the Legislature that the  
20 revisions to Chapter 35, Title 31, Idaho Code, contained in this act, be reviewed by the  
21 Legislature three (3) years following the effective date of this act.